13066

(State)

22d. LOCATION (City, town, or county)

.24b. REGISTRAR'S SIGNATURE

Cambridge

240, REC'D BY REGISTRAR

DATE

-13071 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Dorchester Co. MARYLAND Md -Dorchester Co. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Cambridge Md. Cambridge Md. Weeks d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Ca mbridge Md. Hospital YES NO 1 210 Race St NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) Reddish DEATH Flossie Adams 19 57 Dec. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED [WIDOWED T Female White YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth during most of working life, even if retired) Animal Welfare Manager-Retired Mardella Springs Md. IISA ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Reddish Roxa McCollister 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 No Mr. Samuel Adams Park Lawn Ave. Balto. 13 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia weeks IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which any gove rise to immediate DUE TO 2 cosse (o), stoting the underand lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY remaval, PERFORMED2_ 0 YES NOT 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH crematian, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year (County) (Stote) WEDI factory, street, office bldg., etc. O. M. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. Nov. 18, 19.57, ta _____, 19_57, that I last saw the deceased Dec. and that death accurred at 5:30PM, from the causes and an the date stated obave. ADDRESS (Street, city or lown, state) 12/9 ACTUAL Church St. Cambridge. Md. John Mace Jr PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

Ca mbridge Md.

ADDRESS

DIRECTOR: S retained FUNE HOY 10

with director. Page

filed

Pe

the fune should t

7

2

filled

cample

and

physician

attending

death

96

popers.

carbon

remave

d

Then

permit.

been signed

this certificate

the

USe

for

det

0

poge

22b. DATE THEREOF

220. BURIAL CREMATION.

Buria

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

physician. burial-transit

death. erol

within

15M 9/55

HTARO TO STADRITURES: I VIII

BUREAU V. S.

DEC 10.1957

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO HOSPITAL OR VS A15 (4) 15M 9/55

	13067
:4	ATE OF DEATH Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. O. COUNTY o. COUNTY O. C.
6	I.C. CITY OR TOWN [If outlide corporate limits, write RURAL and give nearest town]
	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DA
DUS	B. DATE OF BIRTH 2-24-1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In Indianal In
2	interval Between ONSET AND DEATH
1	ocarditis- 6 days -
S	Indrouse a Cerepraf a temo
UI/	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
REC). (Enter nature of injury in Port I or Part II of item 18.)
PL/ foc	ACE OF INJURY IHome, farm, 20f. (City or tawn) (Caunty) (State) tary, street, office bldg., etc.)
// th	occurred at 301 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)
0	R CREMATORY 22d LOÇATION (City, tawn, or county), (State)
A	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

BUREAU V. L.

8361 8 NA1

BECEINED

death.

within 24 hours

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OEC SS TOES 7/11/24 4 1 deoth.

within 24 hours

that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTA3C FO STADST/830

The Very Street of the Street

CARCINOMA OF BREAST EUITH METASTIKS & MES.

CAMBE STAN 3 1950 N. S.

12/27 57 Grins Re mangement ALFRED R. MARYANON

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

FOR STATE		91	
Please Files. Health, death,		PLACE OF DEATH	rchest
necessary, please I director. Page far your files.		ond give regret fown]	
estary, your f	_		Md.
Bagging Baggin Bagging Bagging Bagging Bagging Bagging Bagging Bagging Bagging		Crochero	
deloy e fun		NAME OF DECEASED (Type or print)	Ric
	5. 5	SEX	6. COLOR
h. If a lad 3 lad	M	ale	White
Page 5 and 2, and 2, and 2, and 4,72 h		. USUAL OCCUPATION of working waterman	N (Give kind g life, even i
Pages 1, PM3.	13.	FATHER'S NAME	
ve Pag ve Pag arm Ph ile pa			nnon
8. Give howith farm file farm in any eve	15. (Yes	NO NO UNICONNO	R IN U. S. A (If yes, give war
rd withing and 18.		18. CAUSE OF DEAT	
ould be executed in the pencil in the increase of fice of a buriol-transit.		Conditions, if on gave rise to immed	oy, which }
his certificate sha ward "pending" of Medical Exami suld be used as a swrial, cremation.	CERTIFICATION	PART II, OTH 20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS
NER: This c ng the word he Chief W je 3 shauld ar to baria	MEDICAL	20c. TIME OF INJUR Hour e. m. p. m.	Y Month
witing witing I to the Page 3		21. I certify th	ot I took
Gent gent		opinion death	resulted f
AEDICAL EX certificate, forwarded DIRECTOR nated agent		ACTUAL SIGNATURE	Exc
ury M		EXAMINER'S DI	r. Jo
A should	220 I	BURIAL, CREMATION REMOVAL (Specify) Burial	12/
lim tim	and the same		

VS. A15ME 5M 2/57

	PLACE OF DEATH					2. USUAL RES	DENCE (V	Vhere deceas	ed lived. If in	stitution: Res	idence be	fore odm	issian)		
1	Do:	rchester C	0.	MARY	LAND	o. STATE Md. b. COUNTY Dorchester Co.									
b	ond give nearest town]	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If	outside corp	porate limits, w	rile RURAL d	and give r	earest to	wn)		
(Crocheron			Life		X2Croc	heron	Md.							
C	. NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	ital, give street address	1)	d. STREET A	DDRESS						ESIDENCE		
	Crochero	n Md.				Crocheron Md.									
3.	NAME OF DECEASED	Fir	24	Middle		Last		4. DATE	М	onth	Doy	1	feor		
	(Type or print)	Richard		В.		Cannon		DEATH	Dec		12.	1	957		
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (in year fast birthday)		ER TYEAR		ER 24 HRS.		
M	ale	White	WIDOWED	DIVORCED [5/18/18	68		0.0	rs. Months	Days	Hours	Min.		
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. Ki	IND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLA	CE (Stole	or foreign c	ountry)	12. 0	ITIZEN O	F WHAT	COUNTRY?		
	Waterman	g me, even in lemou)	F	ishing		Bisho	ps He	ad Md			US	Δ			
13.	FATHER'S NAME					14. MOTHER'S					02	ding.	-		
	Thomas Ca	nnon					Matil	da Mo	ore						
		R IN U. S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT		110	Add	1984					
{T01	No. or unknown)	(If yes, give wat at detes of		one	CI	aude Ca	nnon	C:	rochero	n Md.					
-		H Enter only one cou			1 0 -	WWW. 04			T OOTIGE O	AL AIM	INTE	PVAL BETW	F614		
		H WAS CAUSED BY	Core	nary occ	itis:	ion						nst			
	4201	IMMEDIATE CAUSE (6)	0010	71101 7 000.	- 0, 0	1020				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
	Condition II														
	gove rise to immed	iate cause	-								-	-	-		
	(a), stating the v	The second secon													
7		FR CICALIFICANT CON		NTRIBUTING TO DEATH	A DILIT NA	OT BELATED TO	THE TERM	INVAL PUEE AC	E COMPITION	CIMENTAL	any or als	D 11146	41150000		
NO.	PART II, OIN	EK SIGINITICATAL COM	DITIONS CO.	TAIKIBUTINO TO DEAT	1 801 14	OI KELAIED IO	THE TERMI	INAL DISEAS	E CONDITION	GIVEN IN P		PERFC	PRMED?		
2	DO- EXTERNIAL CALL	CE MAR IN	A DECCOUR	NOW DIVING ACCUIT	OFD IS				A 1:			YES 🗌	NOX		
CERTI	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	ITRIBUTING []	D. DESCRIBE	HOW INJURY OCCUR	KED. (E)	iter noture of inj	ury in Pari	i I or Feri II	of Ifem 18.}						
3	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d, Il White	Not white	e. PLAC	E OF INJURY (H	lame, farm	20f. (City	or town)	(0	County)		(Stole)		
MEDI	Hour e. m. p. m.	19		k of work											
	21. I certify th	ot I took chorge	of the r	emains described	abov	re, held on	Autops	y 🔲, tr	nspection [, Inqu	iry 🗌	, an	d in my		
	opinion death i	resulted from: 1	Valurol c	ouses 🗖, Accid	lent [], Suicide	, H	Homicide	, Und	etermined	manne	er 🔲			
	ACTUAL	9	2	0								DATE !	IIGNED		
	SIGNATURE	Hem	m	- Cel		_M. V.		AMINER				W1116			
	EXAMINER'S	Taba N		Ton		ASSISTAN	NT MEDICA	AL EXAMINE	R 🗍 .	12/14	157				
	NAME (Type)	r. John N	lace .	r.		DEPUTY	MEDICAL I	EXAMINER 1	Jk '	/	121				
220	REMOVAL (Specify)	N. 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCA	TION (City, tow	on, or county)	(Stol	4)		
adol-April	Burial	12/14/5	7	Dorchester	_ Me				bridge		Md	-			
	FUNERAL DIRECTOR'S			ADDRESS	3		240. REC'I	D BY REGIST	RAR 246. RI	EGISTRAR'S	SIGNATU	RE			
Le	compte Fu	neral Serv	ice C	ambridge Mo	i.		DATE/2	414/5	7 7	m /	race	- Ja			

BUREAU V. &

PERSON OF THE PROPERTY OF THE

out and the same

DEC 1 @ 1025

DECENTED

VS A1S (4) 15M 9/\$5

Dorchester Co.

Day

e. IS RESIDENCE ON A FARM?

YES TO NO

Year

19

57

Rea. Dist. No.

13073

		or coron on unec	WALKEIED	EVER WARKIED	or order or order		last	birthdov) Ma	onths Days	4.4	445-
F	emale	White	WIDOWED 🔀	DIVORCED [1/12/18	68	89	birthday) Mo	onths Days	Hours	Min.
10c	. USUAL OCCUPATION	N (Give kind of work in	done 10b. KIND OF	BUSINESS OR INDU	STRY 11 BIRTHP	LACE (State or fo	oreign country)		12. CITIZEN O	F WHAT	COUNTRY?
	None		Non	e	Tay	lors Is.	•		USA		
13.	FATHER'S NAME				14. MOTHER	MAIDEN NAME	Ē				
	Moses N	avv				(Carolin	e Navy			
	WAS DECEASED EVER	IN U. S. ARMED FOR		ECURITY NO. 17.	INFORMANT			Address			
,	No	. ,	None		Mrs. F	larold A:	splen	Race S	t. Exte	1 Car	nbridg
	18. CAUSE OF DEAT	TH [Enter only one co							INT	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Co	RONA	RY 7	HROI	MBO	515	UN	ET AND	DEATH
	4 acres	DUE TO									
	Conditions, if on	y, which) [b									
	gave rise to im	mediate									
	cosse (a), stating the lying couse last.	ne <u>under-</u>	1								
N O	PART 11. OTHI	ER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED T	O THE TERMINAL	DISEASE CON	DITION GIVEN	N PART 1(a) 1	9 WAS	AUTOPSY
ATION										YES []	NO A
TIFIC	20a ACCIDENT WAS	S UNDERLYING	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture	of injury in Port	1 or Part II of i	tem 18.)			
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
S	20c. TIME OF INJURY	Month, Day, Ye	or 20d. INJURY OC		LACE OF INJURY		Of. (City or taw	n)	[County]		(State)
MEDI	Hour a.m.	19	White Not at work at work	MUHIE	actory, street, offic	e blog., etc.j					
_	21 I contifu the	at I ottended the	deceased from	20 00	1 194	8. 10_1/	DEC	10.57	at I last s	ur the	decesses
	glive on	DEC		onal that deat	danuar !/aglaj h.o.ocurrod m	7:30 4	from the	., 17342-y, 11	16- 4-	iw ilic	decesses
	dilve oii	7	5 TT	one mor dear	ii occonred a	ADD	RESS (Street, ci	ly or lown, state	on me do	D/	ATE SIGNED
	ACTUAL	talter 6	5 Hun	ly /x	40	050	c # U	RCH	5	7.	IIDE
	SIGNATURE		1	1//	.m.u. ,			L			1111
	PHYSICIAN'S W	ALTER	E. GUA	BYJR	C	AMB	ZI	OCE	MI		<u> </u>
220	BURIAL, CREMATION	, 22b. DATE THEREC)F 22c, NA	ME OF CEMETERY	OR CREMATORY	22d	LOCATION (ity, town, or co	(yinux	(Stat	e)
F	REMOVAL (Specify)	12/13/57	7 Rri	ek Church	Cemeter)	Tavlors		Md.		
-	FUNERAL DIRECTOR'S	SIGNATURE		RESS	O'CING UC)	24a. REC'D BY		24b. REGISTRA	R'S SIGNATU	RE	
İ	eCompte Fu	meral Serv	rice Camb	ridge Md.		DATE 12/1	2/57	John	- The	el s	to.
			Cana			The state of the s	7.71	7		- 5/-	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V.

DEC 16

MA THE AM

2

	13073 CERTIFICATE OF DEATH Reg. Dist. N											
头			rchester C		MARYLAND	o. STATE	Md.		red. If institution b. COUNTY	Dorch	ester	Co.
		Cambrid			:. LENGTH OF STAY IN 16 Premature dress)	/Scami	R TOWN (IF of Dridge ADDRESS		limits, write RI	URAL and give	le IS RES	SIDENCE
- 20		Cambrid	ge Md. Hos	pital		1/		1			YES	A FARM?
		NAME OF DECEASED Type or print)	14	t	Middle Infant	Davis	Last	4. DATE OF DEATH	Dec.			Yeor 19 57
I	_	ale	6. COLOR OR RACE White	WIDOWED		12-1	9-5-	7	AGE (In years last birthday) yrs.	Months Da		
1	10o	USUAL OCCUPATIO during most of worki	N (Give kind of work on ing life, even if retired	done 10b. KI	ND OF BUSINESS OR INC		ryland	or fareign coun	ry)		N OF WHAT	COUNT
	13.	FATHER'S NAME WILL	am T. Davi	Ls		14. MOTHE	R'S MAIDEN N	_	an Levi	S		
Ġ	15, (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	William			Addr			
			TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		for (a). (b). and (c).]	almi	2,				INTERVAL BE	ETWEEN
		Canditions, if on gave rise to in code (o), stoling t lying couse lost.	mediate ()			*					
^	IFICATION			DITIONS CO	NTPIBUTING TO DEATH BI	JT NOT RELATED	TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(PERFC	AUTOPSY ORMED?
	CERT		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OCCUR	RED. (Enter nature	of injury in P	ort I or Port II	of item 18)			
	MEDICAL	20c. TIME OF INJURY Have o. m. p. m.	Month, Day, Yes	White	URY OCCURRED 20e. Nat while at work	PLACE OF INJURY actory, street, off	f (Home, farm, fice bldg., etc.)	20f. (City or	tawn]	(Cau	nty)	(State
		21. I certify the alive on 12.	of I attended the	deceased , 12_S	I fram $12 - 19$ 1, and that dea			M, fram t	he causes a	nd an the	date state	decease ed abov
1		ACTUAL SIGNATURE	nBen	en	en-	_M.D	Ca	mbre	Lee		Tul	12-2
	2	PHYSICIAN'S NAME (Type)							and with diffe steps and give still gife the			
	В	BURIAL CREMATION REMOVAL (Specify) UT181 FUNERAL DIRECTOR'S	12/21/57	7	St. Johns C.			Corne	City, tawn, o		Md.	te)
	1 44.	CONTRACTOR S	SYDINALORE		VDD/KE23		1 24a, REC'D	BY REGISTRAF	1 24b. REGIS	TRAR'S SIGNA	HUKE	

DECENDED

BURTAU V. S.

havrs after Leath!

DECEINED

BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	19075 CERTIFICATE OF DEATH Reg. Dist. No. 13076/
g 1	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester Maryland Dorcheste
-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give neorest town) Cambridge. 3-tyrs. × Cambridge
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Glence Nursing: Home d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NOT} \) NO \(\text{C} \)
	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF
	(Type or print) Elizabeth Evans DEATH Dec. 1, 1957. 19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Days Hours Min.
	1. M MIDOMED DIVOKED NOV. II. 1848 43 Apr. 50
-	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country)
	Re. Teacher School teacher Youngstown, Ohio U. S. A.
	Roger Evans Elizabeth Jones. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
1	(Yes, no, or unknown) (II yes, give wor or dates of service)
	no Mrs. John N. Critchlow. Easton, Md 18 CAUSE OF DEATH (Foter only one course per line for (a), (b), and (c).
	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO
	Company bles & Digers
	Conditions, if any, which gove rise to immediate (b)
	cotise (o), storing the under DUE TO Carelral Hemorrhage 22 day
6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTORED? YES NO
	20g ACCIDENT WAS UNDERLYING CT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot foctory, street, office bldg., etc.)
	Hour o, m. While Not while of work of work
	21. I certify that I attended the deceased from 11/9/57, 19 to 12/1/57, 19 that I last saw the decea
	alive on 12/1/57, 19, and that death occurred at 9.70 M, from the causes and an the date stated about
	ADDRESS (Street, city or town, stote) DATE SIG
,	SIGNATURE dance Manyusur M.D. 136 Race JT. 121.
- 1	Marie / Marie Mari
	PHYSICIAN'S Lawrence Maryanov, MiD Cambridge, Md
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	REMOVAL-Servical 12/4/57 Oxford Cemetery Oxford. Md.
4 .	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240. REGISTRAR 245. REGISTRAR'S SIGNATURE
X.	Nothing their carrier man part in the fam the cost
£ ,	

DA DESS

VS A1S (4) 15M 9/S5

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death; Page 4

		13076		CERTI	FICA	TE OF D	EATH	<u> </u>		Reg. [Dist. No.			
1,	PLACE OF DEATH a. COUNTY DOI	chester		MARY			Maryla		d lived. If institu b. COUNT				sion)	
	b. CITY OR TOWN (IF RURAL and give no Cam	outside corporate lim	its, write	c. LENGTH OF STAY	1		iown (If o	-	rote limits, write LTAL	RURAL onc	give ned	orest fav	n)	
	d. NAME OF HOSPITA	idge-Mary				d. STREET ADDRESS Elliott's Island Road						e. IS RESIDENCE ON A FARM? YES 2 NO		
3	NAME OF DECEASED (Type or print)	Alfr		scar Emil	. Ное	oernecke 4. DATE Month OF DEATH December						7	Year 19 57	
S	sex Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		DATE OF BIRTH)	9, AGE (In years last hirthdoy) yrs	Months		IF UND Hours	ER 24 HRS Min.	
10	during most of work Retired Fa	N (Give kind of work no life, even if retired rmer and	R INDUSTI	-	ACE (State of	or foreign c	ountry)	12, C		S.A.	T COUNTRY?			
13.	FATHER'S NAME Erns	t Hoerneck	ce			14. MOTHER'S	MAIDEN NA Ba Voi		ling					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CESP 16.	SOCIAL SECURITY NO Unknown		ormant s. Will:	iam A.	Perc	y, Vien	dress M	aryl	and,	RFD	
18. CAUSE OF DEATH [Enter only one cause per line for (c), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause last. DUE TO Conditions are to immediate cause (a), stating the under: [b] Attuce - Salurage granuation of the under: [c] Attuce - Salurag											DEATH			
FICATION				ONTRIBUTING TO DE						IVEN IN PA	RI 1(0)	PERF	ORMED?	
At CERTIF		CAUSE OF DEATH		CRIBE HOW INJURY O										
MEDICAL	Heur a.m.	Month, Doy, Ye	While	Not while of work	20e, PLAC facto	E OF INJURY (I	Home, farm, bldg, etc)	20f. (Cif)	y or lown)		(County)		(Stole)	
	21. I certific that I attended the deceased fram													
	BURIAL CREMATION REMOVAL (Specify) BULT 131	Dec.26,1	1957	Cedar Hi	Ll Cen	netery		nd loca Suft	Olk, Vil	er county	a.	(Sto	te)	
23.	J.J.Frampt	om and Son	, Fed	eralsburg,	Mary	land		BY REGIS	h ."	SISTRAR'S		\sim	1	

BUREAU V. &

DEC 30 1821

BECEINEL

Foderalsburg,

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No. . IS RESIDENCE ON A FARM? YES NO 19 IF UNDER 1 YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH YAS AUTOPSY PERFORMED? YES NO (State) (County)

DATE SIGNED

(State)

EULLEAU V. S.

IN CEONE

		13	093	CERTIF	IC.	ATE OF E			IIMOKE, I	Reg. Dis	t. No.	1307		
1	PLACE OF DEATH	che ster Co		MARYL	UND	o. SIAIE	vland	ere deceased	lived. If institute b. COUNTY	Dorch	ester	dmission)		
	b. CITY OR TOWN (III HURAL and give ne Hurlock	outside corporate limitarest tawn)	s, write	c. LENGTH OF STAY IN 19 days	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	or institution Laster	AL (If not in hospital, p i Shore Sta	ive street te H	oddres) [ospital		d. STREET A						S RESIDENCE ON A FARM? ES NO 1		
3.	3. NAME OF First DECEASED (Type or print) Milton			Middle J ud	son	Kenworth		4. DATE OF DEATH	Dec	Month Doy Yeor December 28 19				
	Male	White	WIDOW	_		8. DATE OF BIRTH Feb. 1	1,187		9. AGE (In years last birthday) 87 yrs.			UNDER 24 HRS aurs Min.		
	during most of work Unemploye FATHER'S NAME	ing life, even if relifed)	unemployed	INDU		ROOM	New J			ZEN OF W	VHAT COUNTR			
	John Ke	enworthy	CECO 14	COCINI PECHINITY NO	117 N				unknown		worth	У		
(٢	NO .	If yes, give wor or dates of si	rrice)	SOCIAL SECURITY NO. 100-10-0246		stern Sh	ore S	tate H	lospital	ress				
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a		ne for (a). (b). and (c).]	Chr	onic .					ONSET	STATATE N		
	gove rise to immediate (b)										Several Yr			
	/ (c)											ral Yr		
AES - STATE STATE HOSSOCIAS HIGH SOLITION STATES ALSO ALSO ALSO ALSO ALSO ALSO ALSO ALS											VAS AUTOPSY ERFORMED? IS NO M			
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		None.	CURRE	D. (Enter nature a	f injury in P	art I or Part	II of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yeo	While	rk ot work	0e. PL fac	ACE OF INJURY (I clary, street, office	lome, farm, bldg., etc.	20f. (City	or town)	(C	aunty)	(Stote)		
	21. I certify the	at Lattended the	deceas , 12_	57	leath	Leccurred at	7 : 50p	M, from	the causes a	nd an th	ast saw e date s			
	ACTUAL SIGNATURE	mon	1	irKeir	1	M.D. East			tate Hos			DATE SIGN		
L	PHYSICIAN'S NAME (Type)	Simon Virl	utis	S										
L	Burial	Jan.2,19		Harleigh				22d, LOCATI Camde	on (City, fown, on, New	r county) Tersey		(State)		
23	J.J.Frampt	on and Son,	Fed	eralsburg,	Mar	yland		SY REGISTR	_ //	STRAR'S SIG		.		

John Mace J.

VS A15 (4) I5M 9/55

DECEIVED ...

Z .Y UABRUA

13094

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13080

						Reg. Dist. No.
•	1. PLACE OF DEATH o COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if instituting alnd b count	y Dorchester
	and give paperst town?	lock, Md.	3 Weeks		foutside corporate limits, write OCK. Md.	RURAL and give nearest town)
	d NAME OF HOSPITA	ck, wid.		d STREET ADDRESS	IS RESOURCE ON A FARM?	
	3. NAME OF DECEASED (Type or print)	James Ho	Middle I	Lon Kimmey	4. DATE Month OF DEATH 12/14/	
1	5. sex Male	6. COLOR OR RACE 7. MARRIE WIDOWED		DATE OF BIRTH	9. AGE in years last b. sheday)	IFUNDER TYEAR IF UNDER 24 HPS Months Days Hours Mn
<i>!</i>	lruck	N (Give kind of work done 10b K life, even if refired) driver	Trucking	Mary	land	US A
		IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO 17 JIN	14. MOTHER'S MAIDEN	B. Hum	mer
	18. CAUSE OF DEATH	If yes, give war or dates of rervice) I [Enter only one cause per line f	or (o), (b), and (c).]	s Kasely	in K. Mills,	L. N. Marke
	PART 1 DEATH	WAS CAUSED BY: MMEDIATE CAUSE (0)	oronary occlu	usion		Instant
	Conditions, if ongove rise to immedia (a), stating the uncouse tast.	ole couse				· month
	CATIC	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION G.V	TEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO X
		E WAS RIBUTING 206 DESCRIBE	HOW INJURY OCCURRED (E	iter nature of injury in Por	t I or Port 11 of item 18)	
	20c. TIME OF INJURY Hour p. m. p. m.	Month, Doy, Yeor 20d If While 19 of wor	Not while facto	E OF INJURY (Home, form ry, street, office bldg., etc	1. 20f. (City or town)	(County) (State)
		at I took charge of the resulted from: Natural c				Inquiry [], and in my
	ACTUAL SIGNATURE	tohn he	men	M D CHIEF MEDICAL E	hand	DATE SIGNED
	NAME (Type) DY	. John 'ace 3	fr.	ASSISTANT MEDICAL		14/57_
	FEMOVAL ISPENIE	1216/57	east Keu	Market	COEST NEW!	Market mel
77	23. EUN GRAL DIRECTOR'S	S. Willow	effy & M.	Mer Lato REC'	D BY REGISTRAR 246, REGIS	Mace, M.D

TO DEPUTY MEDICAL MXAMINER: This certificate should be exampled within 24 hours offer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNEY DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Page Board of Healthman is an intermedation of removal, and in any event within 72-hours after the page 1. VS. ALSME 5M 2/57

SA ATTILL



VS A15 (4) 15M 9/55

		MARYI 1	309	STATE DEPA		LENT OF HE ATE OF DE			TIMORE, 1				081		
\vdash		·				10.				Reg. Di			//		
1.	PLACE OF DEATH o. COUNTY					2 USUAL RESIDER	ACE (MH	ere decease	d lived. If institution	n: Residen	ce befo	re admiss	ion)		
		hester		MARY	LAND		rvla	ind	b. COUNTY	Dor	ches	ter			
Г	b. CITY OR TOWN (f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b				orate limits, write R)		
١,	RURAL ond give ne ural Cambr			h yrs.		Y Green	shor	20							
-	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d. STREET ADD						a IS RES	IDENCE		
1	OR INSTITUTION											a. IS RES			
-		re State H				<u> </u>		T					NO M		
3	NAME OF DECEASED	Fir	st	Middle		lost		4. DATE OF	Mont		Dq		Year		
L		ANNIE				ARRIMORE		DEATH	2000				1957		
5.	SEX	6. COLOR OR RACE	7. MARI	IED 🔲 NEVER MARRI	ED 🔽	8. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER					
f	emale	white	WIDOW	DIVORCE	D 🔲	3/15/73			84 77	Months	Days	Hours	Min		
	USUAL OCCUPATIO	ON (Give kind of work of	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLAC	E (Stole	or foreign c	ountry)	12. CI1	IZEN C	F WHAT	COUNTRY		
1	useworker	cing life, even if retired	'			Md.					U.S.				
	FATHER'S NAME					14. MOTHER'S M.	AIDEN N	IAME		1	ولاول				
ł,	l-adea Tass					Frances Holland									
	eador Larr	TIMOTE R IN U. S. ARMED FOR	eces la	COCIAL CCCURRY NO	117	Frances	1107	rrand	4.1.1						
(1,2	ir up' ot seyzomij	K IN U. 3. AKMED POK (If yes, give wor or dates of a	CEST 10.	SOCIAL SECURITY NO					Addr						
L	no			none	Ea	stern Shor	e St	cate t	ospital r	recor	ds				
		TH [Enter only one co	use per li	ne for (o), (b), and (c).]							ERVAL BE			
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ger	eral Arter	ios	clerosis					JOI43	EI AND	DEATH		
	13 .	DUE TO													
	Conditions, if or	nv. which)													
	gave rise to it	mmediate (+-				
1	Couse (o), stating the lying couse lost.														
z		J (c			1711 0415										
12		IER SIGNIFICANT CON					1E FEKMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	RMED?		
5		with Cere										YES [NO 🔀		
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of in	njury in (Part I of Pai	rt II of item 18.)						
18	20c. TIME OF INJUR	Y Month, Day, Yes	pr 20d. (I	NJURY OCCURRED	20e. Pt	ACE OF INJURY IHO	me, form	. 20f. (Cit	v or lown)	10	County)		(Stote)		
MEDICAL	Hour a. j.	19	While	Not while	Fo	clory, street, office bl	ldg., etc.	}	,	,	,,		forerel		
۱×	p. m.			k at work	1			<u> </u>							
	21. I certify th	at I attended the	deceas	ed from <u>Dec.</u>		19.52 ,	to1	Dec3_	, 1957_	"that I	last so	w the	decease		
П	alive on Dec	2. 3	, 155	Z, and that	death	occurred at LC): <u>30</u> 8	M, from	m the causes a	nd on t	he do	te state	d above		
								ADDRESS (S	itreet, city or town, :	stote)		D/	ATE SIGNE		
	ACTUAL SIGNATURE	o-	J. 1	Dridg	-6_	M.D. E.S.S.E	losni	ital.	Cambri dos	Md	. 32	2/3/5	7		
				0					messysty		3	ingen arbeiten, alle			
	PHYSICIAN'S NAME (Type)	Thomas J.		ge											
22	O. BURIAL, CREMATIO	N, 236, DATE THEREC	F	22c. NAME OF CEM	ETERY C	REREMATORY		22d, LOCA	TION (City, Jown, o	r county)		-/Slote	e)		

220. BURIAL CREMATION 226 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)

PREMOVAL (Species)
R V UL

MARIOTT

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

 within 24 hours after death. Page

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S'ACT.

VS A15 [4] 15M 9/55

13084

e. IS RESIDENCE ON A FARM?

YES NO TH

Dorchester Co.

															900
	NAME OF DECEASED	Fin	st	Middle Lost					4. DATE Month					Yeor	
	(Type or print)	Josephi	ne	Twill	.ey	Mowbra	ay	DEATH		Dec	3.	22.		9	57
j. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D B. I	DATE OF BIRTH	1		9. AGE	In years	IF UNDE		FUNDE		
F	'emale	White	WIDOWED [DIVORCED		3/15/19	908		19	irthday) yrs.	Months	Days	Hours	Mi	n.
0c	. USUAL OCCUPATION	N (Give kind of work o	lane 10b. KIND (OF BUSINESS OF	INDUSTR	(RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUN									NTRY?
	Housewife	ng mo, erem ii remee)		Mar	ryland	ì				US	Α				
3.	FATHER'S NAME				14 MOTHER'S	MAIDEN N	AME	-							
	Geor	ge Twilley				Alwilda Twilley									
Ş.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIAL	17. INFO	DRMANT				Addre	ess					
	No	r yez, give war or dales or a	1	No	Jorman R. Mowbray 11 Linden Ave.										
_	18. CAUSE OF DEAT	H [Enter only one co	use per line for (o), (b), and (c)]								INTE	RVAL BE	TWEE	N N
	PART I. DEAT	H WAS CAUSED BY:	Aden	0000	cim	oma	cf	de	SCE	20 11.	100	ONSI	TAND	DEAT	H
	11	DUE TO					1 1				7			,,,	
	Conditions, if an	y, which) the	Coler	7 /	4/	2 66	· Te	Spy	- Jan - 3	· M					
	gave rise to im carse (a), stating th														
	lying cause lost.	(c)	12:	73.0	5 60	S									
S	PART II. OTHE	R SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASI	E CONDI	TION GIVI	EN IN PAI	RT I(a) 19			
													PERFO		
	20a. ACCIDENT WAS	UNDERLYING []	20b. DESCRIBE H	IOW INJURY OC	CURRED. (Enter nature of	injury in Po	ort I or Port	III of ite	m 18.)					<u> </u>
Ĺ	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)													
2	20c. TIME OF INJURY	Month, Day, Yea	r 20d. INJURY	OCCURRED		OF INJURY IN			or fown)		-	[County]		(St	ote)
2	Hour a.m.	19		ot while	Toctor	y, street, office	bidg., etc.)								
	21. I certify the	it I attended the	deceased for	m/4.12	13	. 19 5	7 to 11	1.2. 1	- 1-	19.51	Zihat I	lost so	the	d	
	alive an DC	2.2	10 5 -	Mary Comments		ccurred at									
	01110 011	<u> </u>	9	_, and man	aculti a	ccorred at,		LODRESS (St				ine aai			GNED
	ACTUAL SIGNATURE	11-27 177	130	white	7° 14 5	(:T)	11/4	L, ce	> 1/5	1/1/	>	12-	. 2	3	-70
			1.7 "	2	M.L						f	<u> </u>		- w.	handrad
	PHYSICIAN'S NAME (Type)	Ewis 1	W. La	rirde	7/e	Chi	21.51	~ 7 J	² (2)	11	1/				
20	BLRIAL, CREMATION REMOVAL_(Specify)	, 226. DATE THEREO		NAME OF CEME				22d. LOCAT	ION (Cit	y, tawn, o	r county)		(State)	
	Burial	12/24/57		rcheste	r Mem			Cambr			Mo				
	FUNERAL DIRECTOR'S			DDRESS			24a. REC'D	BY REGIST	RAR 2	4b. REGIS	TRAR'S SI	GNATUR	[
L	eCompte Fu	neral Serv	ice Cam	bridge	Md.		DATE /2	126/5	7 1	joh	n.T.	ree	e y	7	
									-				27		

BUREAU V. K.

SEC 30 1824



VS A15 (4) 15M 9/\$5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13085

13078 CERTIFICATE OF DEATH

Reg. Dist. No.

Dorchester Co. B. CITY OR TOWN III consider coperate limits, write RURAL and give necessary lim		1. PLACE OF DEATH				2	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)						
RUPAL ond give nearest bown) Cambridge R.c. A NAME OF POSTRAL (If not in hospital, give street address) A NAME OF POSTRAL (If not in hospital, give stre		O. COUNTY Dorchester Co. MARYLAND					o, STAIL	Md.	b. COUNTY	Dorc	heste	r Co.	
Cambridge M. A. More of Mostfall (in the fine fine fine fine fine fine fine fin		b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If autiside carparate limits, write RURAL and give nearest town)						
OR INSTITUTION Cambrid, a Md. Hospids Dec. 15 residence Cambrid, a Md. Hospids Dec. 15 residence Cambrid, a Md. Hospids Dec. 2 19 57 3 NAME OF First Middle B. Mowbrey Jr. Opate Month Dec. 2 19 57 Sex A. COLOR OR RCC 7. MARRIED NET NOT RELATED B. DATE OF BIRTH B. MOWDREY JR. CITIZEN OF WHAT COUNTRY Truckin,					5 Days	100	las						
SAME ADATE Month Dec Dec Note Dec D	~	d. NAME OF HOSPITAL (If not in hospital, give street address)				1 7	d. STREET ADDRESS e. IS RESIDENCE						
S. RAME OF PERSONNED First Middle Lost Dec	,					1/	#2 Plesent St. YES IN NO FZ						
DECEASED OF SEX S. SEX MAIL MITTER MIDOWED DIVORCED S. DATE OF BETH P. AGE (IN year) MIDOWED MODINE MIDOWED MIDOWED MODINE MIDOWED MODINE MODINE MODINE MODINE MODINE MODING MODING MODING MODINE MODINE MODINE MODINE MODINE MODIN		3. NAME OF First Midd			Middle	14							
S. SEX G. COLOR OR RACE 7. MARRIED 1. NOVER DEATH 1. NOTE OF BIRTH 1. NOTE OF		DECEASED		-			*	OF	OF				
Male White WIDOWED DIVORCED 8/26/1889 GS introday) Months Days How Min. 10 USUAL OCCUPATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country) Trucking: Town Point 12. CHIZEN OF WHAT COUNTRY. Trucking: Town Point USA 13. FAIRER'S NAME WILLIAM B. MOWDRAY 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INFORMANT No. 18. CAUSE OF DEATH (Enter only one course ger line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY CONSIDERING OF USE OF DEATH (Enter only one course ger line for (o), (b), and (c). PART II. OTHER SIGNIFICANT CONSTITUONS CONTRIBUTING TO DATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSY TENDON OF THE SIGNIFICANT CONSTITUONS CONTRIBUTING TO DATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSY TO CONTRIBUTING CAUSE OF DEATH (COUNTY) WAS UNDERSTING IT 200. ACCORD WA				7. MARI				1	Dec.	IF UNDER			
USUAL OCCUPATION (Give kind of work done during life, even if refred) Trucking. Town Point Town Point USA Town Point USA Thomas 12. Chizen of what country. Trucking. Town Point USA Thomas 13. FATHER'S MANDEN NAME William B., Mowbray 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 18. CAUSE OF DEATH [Enter only one course ger line for (b), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (b) USA 18. CAUSE OF DEATH [Enter only one course ger line for (b), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) USA 18. CAUSE OF DEATH [Enter only one course ger line for (b), (b), and (c).] PART II. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) USA 19. PART II. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) USA 19. PART II. DEATH WAS CAUSE BY: INTERVAL BETWEEN ONE CAUSE IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. 19. WAS AUTOPSY PERFORMED YES NO NO 19. PART II. DEATH WAS UNDERRYING CAUSE OF DEATH 19. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.D. 19. WAS AUTOPSY PERFORMED YES NO NO 19. PART III. DEATH WAS UNDERRYING CAUSE OF DEATH 19. PART III. DEATH WAS UNDERRYING CAUSE OF DEATH 19. PART III. DEATH WAS UNDERRYING CAUSE OF DEATH 19. PART III. DEATH WAS UNDERRYING CAUSE OF DEATH 19. PART III. DEATH WAS UNDERRYING CAUSE OF DEATH 20. ACCORDIT WAS UNDERRYING CAUSE OF DEATH 21. I certify that I altereded the deceased from 19. Part 22. PART II. DEATH CAUSE OF DEATH 23. INTERVAL BETWEEN 240. RECORD BY RECISTRAR'S SIGNATURE 240. RECORD BY RECISTRAR'S SIGNATURE 240. RECORD BY RECISTRAR'S SIGNATURE						1-11-10							
Outs medical medical movements and the content of t	1	100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (Stote or foreign country)										YHAT COUNTRY?	
13. FATHER'S NAME WILLIAM B. Mowbray 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 217-10-61102 Mrs., Villial B. Mowbray Jr. Cambridge Md. 16. CAUSE OF DEATH [Enter only one course get line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p) DUE TO Conditions, if only, which gove rise to immediate cotic (a), italing the under close (c). Italing the under close (c). Italing the under course get line for (e), (e). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 200. ACC.DENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter notive of dipliny in Part 1 or Part II of them 18) OR CONTRIBUTING TO CAUSE of DEATH HOUR a.m., 19 200. TIME OF INJURY Month, Doy, Year Month, Doy, Year 20 involved to 10 most of 10 most	V	avring most ar working life, even it retired)								TICA			
William B. Mowbray Is was deceased ever in U. S. Armed Poress J. 6. Social Security No. 17. Informant If yes, give were of dome of served 1. 18. Cause of Death [Fire only one course ger line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY DUE TO Conditions, if only, which gove rise to immediate outse (o), toling the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PARTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOSY PERFORMED? YES NO WES NOT WEST NOTIFY MEDICAL EXAMINES WHILE YOU WORK IN NOT WEST NOTIFY MEDICAL EXAMINES NOTIFY MEDICAL EXAMINES NOTIFY MORE AND THE ARMED AND THE CAUSE OF DATH WAS UNDERSTRUCKED (Course) of work of the price of the p	-)				II uonii,					ODM			
Social Security No. 17. INFORMANT Address [Ital Res or indexend of unreal process] In Social Security No. 17. INFORMANT No. 217-10-8102 III. CAUSE OF DEATH [Enter only one cause ger line for (o), (b), and (c)] PART I. DEATH WAS CAUSE OF DEATH [Indeplate CAUSE (o)													
The cause of Death Enter only one cause ger line for (o), (b), and (c).													
18. CAUSE OF DEATH [Enter only one course ger line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate cotive (a), stoling the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (b) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER OF DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? PART II. DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? PART II. DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? PART II. DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFORMED? YES NO DEATH PART II (c) 19. WAS AUTOPSY PERFOR		Yes, no, or unknown) { (If yes, give wor or date of service)											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE													
DUE TO Conditions, if ony, which gove rise to immediate cotise (a), toloring the under leaves and an the date stated above removal (a) and indicated and the deceased from 19 mork of work of											ONSET AND DEATH		
Conditions, if any, which gave rise to immediate core; (a), stoling the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT MAS UNDERLYING TO COURSED WITH THE PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT MAS UNDERLYING TO COURSED WITH THE PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT MAS UNDERLYING TO COURSED WITH THE PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT WAS UNDERLYING TO COURSED WITH THE PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT WAS UNDERLYING TO COURSED WITH THE PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT WAS UNDERLYING TO COURSED WITH THE PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT WAS UNDERLYING TO COURSED WITH THE PART II. OTHER WAS AUTOPSY PERFORMED? PART II. OTHER WAS UNDERLYING TO COURSED WITH THE PART II. OTHER WAS AUTOPSY PERFORMED? PART II. OTHER WAS UNDERLYING TO COURSED WITH THE PART II. OTHER WAS AUTOPSY PERFORMED? PART II. OTHER WAS UNDERLYING TO COURSED WITH THE PART II. OTHER WAS AUTOPSY WE		TAKI I, DEATH WAS CAUSED BY: 14 . A . P. D. TK . I)											
DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I IO IN PART I		DUE TO OO											
DUE TO CLUSTOCLES ON SOLING the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED. YES NO YE													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED, YES NO DECEMBER OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF CAUS		coese (a), stating the under-											
20c. ACC.DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of phjury in Part I ar Port II af item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of													
20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED While of work of while of work of while of work o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY											
20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED While of work of while of work of while of work o		3 / rouchectasis bouchappening YES NO											
20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED While of work of while of work of while of work o		DR CONTRIBUTING	20a. ACC. DENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of prigury in Part I ar Port II af item 18.)										
21. I certify that I attended the deceased fram													
21. I certify that I attended the deceased fram		20c. TIME OF INJURY	Month, Day, Ye			LACE	OF INJURY (Home, for	m, 20f. (Cit	y or lawn)	(C	ounty)	(Stole)	
alive an		D. mour a.m.	Hour a. m. White Not while factory, street, office bldg., etc.)										
alive an	1												
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Street, city or town, stote) PATE SIGNATURE ADDRESS (Street, city or town, stote) PATE SIGNATURE 24. LOCATION (City. town, or county) Cambrid e 11d. 25. Cambrid e 11d. 26. REGISTRAR'S SIGNATURE													
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. HANKS AND ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. HANKS AND ACTUAL SIGNATURE ACTU													
PHYSICIAN'S W. HANKS CATBRIDGE MD. 220. BURIAL, CREMATION, 122b. DATE THEREOF REMOVAL (Specify) Burial 12/11/57 Dordhester Nem. Park Cambrid e 11d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		ACTUAL 121-											
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 221. Date Thereof 12/1/57 Dordhester Nem. Park 222. NAME OF CEMETERY OR CREMATORY Cambrid e id. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE		SIGNATURE M.D. M.D.										f-infolianile	
Burial 12/1/57 Dordhester Nem. Park Cambrid e 11d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		PHYSICIAN'S W. HHANKS CAMBRIDGE								1	d.		
Burial 12/11/57 Dordhester Nem. Park Cambrid e 11d. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					22c. NAME OF CEMETERY	EMATORY	22d. LOC/	TION (City, town, o	r county)		(Stote)		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			12/4/57		Dordhester M	em.	Park			d.		,	
LeCompte Tuneral Service Cambridge Md.													
The state of the s		LeCompte Funeral Service Cambridge Md.				DATE	2/5/	57 Joh	n y	nac	e Ju.		

TO A DE MINI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 79 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Re-

13086

	073						Reg. Dist.	No.	
PLACE OF DEATH				2. USUAL RESIDENCE	E (Where deces	ned lived If instit	ution: Residence	before adi	mission)
a. COUNT	Dorchest	er	MARYLAND	o. STATE Mary	land	b. COUNT	Dorche	ester	
b. CITY OR TOWN and give negret) for	(If outside cosporate limits, write RU	RAL.	c. LENGTH OF STAY IN 16			porote limits, write			lown)
	Cambride	;e	50 years	Camb	ridge				
d NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in hosp	ital, give street address)	d. STREET ADDRES	i5				RESIDENCE
	207A High Str	eet		. 207A	Migh S	treet			□ NO
NAME OF DECEASED	First		Middle	Losi	4. DATE	Mont	h D	ay	Year
(Type or print)	Crosby		Snowden	Murphy	OF DEATH	Dec.17.	1957		19
SEX	6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYE		DER 24 HR
Male	White w	IDOWED	DIVORCED [Nov.19,1892		65 yrs.	Months Days	Hours	Min.
Da USUAL OCCUPAT	ION (Give kind of work don	a 10b. Ki	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (5)	ate or foreign	country)	12. CITIZEN	OF WHA	T COUNTR
Post Offi	ing life, even if retired) ce Janitor			Bishops	Head M	d.	I	I.S.	
3. FATHER'S NAME		-		14. MOTHER'S MAIDE				- W- W	
	Zebulon R.Mu	rphy		Malissa	Todd				
5. WAS DECEASED E	VER IN U. S. ARMED FORCE	\$7 16. 5		INFORMANT	7 7 2 4	Address			
Yes	World War 1		7-10-8380 Mr	s.Beatrice	M. Murch	V. 2074 H	igh St	Cambi	ridma
	ATH Enler only one couse I		or (o), (b), ond (c).]				IN	NTERVAL BETY	WEEN
	IMMEDIATE CAUSE (o)	001	conary occl	us on				1 H	I, *
420.1	ĐUE TO								
Conditions, if									
(o), stoting the	S BULL TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II.									
PART II. OT	THER SIGNIFICANT CONDITI	ONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RM NALDISEAS	E CONDITION GIV	VEN IN PART 1(0		ORMED?
5								YES 🗌	NO 🄀
PART II. OT	ONTRIBUTING 🗆	DESCRIBE	HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II	of item 18.)			
20c. TIME OF INJU	JRY Month, Day, Year	20d. IN		ACE OF INJURY (Home, f		y or town)	(County)		(Stote)
Hour o. m.		While of work	Not while foc	tory, street, office bldg.,					
			emoins described abo	ave held on Auto	DEV 1	nspection XX	Inquire. F	7	61-J-1
	d from: Natural cos							_, and	find the
Gooth Tesure	4 11 11 11 11 11 11 11 11 11 11 11 11 11	, ses 1	p Accident [1], 30	icide [], Homici		ndetermined (ranze [].		
ACTURE	Q211- "	1-	- 0	CHIEF MEDICAL	EXAMINED -			DATE	SIGNED
SIGNATURE	pe-way		Tech -	M.D. CHIEF MEDICAL	_	•			
EXAMINER'S NAME (Type)	r. John hac	e Jr		DEPUTY MEDIC		72	/30/57		
Po. BURIAL, CREMATI			Mc. NAME OF CEMETERY OF			TION' (City, fown,		10.	103
REMOVAL (Specify	Dec.20,19		Green Lawn Co		1			(Sto	rej
JUNERAL DIRECTO			ADDRESS		EC'D BY REGIST	ridge, Md	STRAR'S SIGNAT	TI I DE	
6.11.01/1	(t.) D	11	۸		/ - /-	- 0 /	74 .	2	
mun	I. Mill	「トイ	Cambridge	Md. DATE	12/19/5	1 nok	- //ca	July 5	

VS. A15ME(5) 5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any detay is necessary, please each cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 studdless forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUN. I. DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 opd-7-with the registrat prior to buriot, cremitant.

BOLTVO A' T

DEC 83 1321



VS A15 (4) ISM 9/S5 13087

13080 CERTIFICATE OF DEATH

Reg. Dist. No.

1										Keg. Di	11. 140.		
A.	PLACE OF DEATH D	orchester		MARYL	AND	2. USUAL RESI	ryland	ere deceased	lived. If instituti b. COUNTY	on: Resident Dorch	ester	míssion)	
	b CITY OR TOWN (II	outside corporate limi	ts, write	9 years	N 15	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)							
	d. NAME OF HOSPIT	AL (If not in hospital, gambridge-Ma	ryla	oddres) nd Hospital		/d. STREET A		gow St	reet		10	RESIDENCE N A FARM? NO E	
3	NAME OF DECEASED (Type or print)	Hedv	47	Middle T.		Nag	_	4. DATE OF DEATH	Dec.16,		Day	Year 19	
	sex Female	6. COLOR OR RACE White	7 MARE	RIED NEVER MARRIED	-	Oct.11,			9. AGE (In years Intl birthdoy) 79 yes	IF UNDER Months	Days Hou		
10	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST during meet of working life, even if retired)					ACE (Stote of	_	(עזימט	12, CITI	U.S.	IAT COUNTRY?		
13	. FATHER'S NAME	Charles Go	++***	1.4		14 MOTHER'S	MAIDEN N.			*			
15	, WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	#PIELL" L	e uaus	ser	Add	res3			
ĬΫ	as no or unknown)	If yes, give wor or dates of v	ervice)	None			ller,	L4 Loc	ust Stre		mbridg	e,Md.	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stoling the under lying couse lost. Cause of Death (c) and (c) and (c) and (c) and (c) are likely on the form of the couse (a), stoling the under lying couse lost. (c)												
CERTIFICATION		er Significant con	DITIONS (CONTRIBUTING TO DEAT						/EN IN PART	1 1(o) 19. WA PER YES	REORMED?	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		Charles Tracks Co.		· gener nerer v		077 1 07 1 077					
MEDICAL	Hour e.m.	Month, Day, Yes	or 20d. II While of wor	Not while		CE OF INJURY (tory, street, office			or town)	(0	ounty)	(Stote)	
	21. I certify the alive on 12	at I attended the	deceas	ed from 8	5	occurred at	2;30 1	M, from	the causes of	ar '		he deceased ated above.	
	ACTUAL 9	fector	ر کی	Gunly	2	3	05		reel, city or town, URCH		511	DATE SIGNED	
	PHYSICIAN'S K	ALTER	E	GUNE	Y.	JR C	AA	1B	R ID	GC	M	5.	
L	o- BURIAL, CREMATION REMOVAL (Specify)	Dec.18,1	957	Evergree		crematory emetery			obym, był naven, Ner			State)	
23	Kenna prector:	Thomas de me		Cambridge	, Mo	i.	240. REC'D	BY REGISTE		STRAR'S SIC		٤-	
				OUGHE VEHI			1		1)				

DEC SC TO

executed within 14 hours after leath:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

\$ 12.07. 118

13089**CERTIFICATE OF DEATH** 13099 Rea, Dist. No. WITH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) executed within 24 hours after death. Page PLACE OF DEATH o. COUNTY g. STATE b. COUNTY Dorchester filed v 5.5 Maryland MARYLAND Dorchester b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Life Hurlock - Rural 2 Hurlock - Rural d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Near Beulah Near Beulah YES IN NO v 2. NAME OF First Middle Lost 4. DATE Month Year Filled DECEASED OF DEATH 10 57 December 24 Levin Cornelius Parker (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years last birthday) 1908 Months Days DIVORCED [WIDOWED [Male Negro Month & Day Unknown) 49 yrs. 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. Dorchester Co... Farm Day Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Ethel Parker requires that the death certificate Edward Parker hours 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Helen M. Parker, Hurlock, Maryland, R.F.D. 215-26-4271 No pleose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) DUE TO IL d.D.U ò Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPS PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of I em 18.) WEDICAL 20e. PLACE OF INJURY IHame, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED (State) Day, Year (Caunty) factory, street, effice bldg., etc.) Haus a.m. While Not while of work at wark 12/24 .. 19 2 Ithat I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 11:45PM, from the causes and an the date stated above. ADDRESS (Street, city DIRECT ACTUAL PHYSICIAN'S NAME (Type) TO FUNE 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 220. BURIAL CREMATION. (State) REMOVAL (Specify) Washington Cemetery Near Harlock, Maryland Dec. 28, 1957 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son. Federalsburg. Maryland VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

INDUVA A &

OEC 07 1825

नियात्राचित्र वि

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13100	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	TH
70177					

Reg. Dist. 1.3()()()

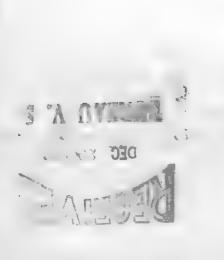
I. PLACE OF DEATH d. COUNTY		O STATE 36	There deceased lived. If Institutions Residen	
Dorchester	MARYLAND	LIGITY	Tand nord	hester
and give nearest fewer)	LENGTH OF STAY IN 16		outside corporate timits, write RURAL and	give nearest tawn)
Hurlock	Life	" Burl	ock	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	l, give street address)	d. STREET ADDRESS		A. IS RESIDENCE ON A FARM? YES NO ST
3. NAME OF DECEASED (Type or print) Sarah Rek	Middle Decca Magda	line Pinkett	4. DATE OF CEMber	20 19 57
5. SEX Female 6. COLOR OR RACE Negro WIDOWED	DIVORCED N	ovember 24,1	SIS SUPPLY STATES	YEAR IF UNDER 24 HRS. Days Hours Min
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working 1 fe, even if retired)	of Business or industr	Dorchester	o., Maryland U	S.A.
13. FATHER'S NAME Solomon Cooper		14. MOTHER'S MAIDEN N Della Sta		-
I'Ves no ne sinhonumb . Illi una mina una na datas of annucab		rormant 11ie ^P inkett	, Hurlock, Maryland	
18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) DUE TO	o), (b), and (c).) erine hemorrl	nage (cause u	inknown)	INTERVAL BETWEEN ONSET AND DEATH RES
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c).	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	nal disease condition given in Part	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.	W INJURY OCCURRED. (En	ter nature of injury in Part	Lar Part II of item 18.)	YES NOT
20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or tawn) (Caus	nty) (State)
21. I certify that I took charge of the rem death resulted frem: Natural causes		1 /		, and find that
ACTUAL SIGNATURE JOHN IN	rel	.M.D, CHIEF MEDICAL EX	AMINER [DATE SIGNED
EXAMINER'S John Mace Jr.	01-	ASSISTANT MEDICAL E	XAMINER K	12/20/57
	hompsontown	REMATORY Cemetery	22d LOCATION (City, topun, or equity) Near East New Marke	et, Md.
23. FUNERAL DIRECTOR'S SIGNATURE J.J.Framptom and Son, Federal	lsburg, Mary	and DATE / 2	1 BY REGISTRAR 24b. REGISTRAR'S SIG 123/57 John Ma	2

VS. A15ME(5) 5M 9/5S

DEC 30 1957



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 G

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13082 CERTIFICATE OF DEATH

13092

										1011 1101		
1. PLACE OF DEATH a. COUNTY	Dorchester		MARYLA		2. USUAL RESIDE	nce (whylan	ere decease	d lived. If institut b. COUNTY	Dore	cheste	odmissi 27	on)
b. CITY OR TOWN RURAL ond give	(If autside corporate limi negrest town) Cambridge	ls, write	c. LENGTH OF STAY IN	1 1b		wn (If o		rate limils, write f	RURAL and	give neares	t fown)	
d NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, g		and Hospita	1	d STREET AD		hingt	on St.				DENCE FARM? NO PG
3 NAME OF DECEASED (Type or print)	Fo E v a	st	Middle Foxwel	1	Lost Smit	h	4. DATE OF DEATH	Dec.11,		Day	Y 1	ear O
5. SEX Fenale	6 COLOR OR RACE White	7 MARE	NEVER MARRIED		DATE OF BIRTH	,188	4	9. AGE (In years lost birthdoy)	Manths	Days H		
10a USUAL OCCUPA during most al w Homemak	TION (Give kind of work of orking lile, even if retired OT	ione 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA		ar loreign c	ountry)	12. CI	TIZEN OF V		COUNTRY
13. FATHER'S NAME	F.Hollie Fo	oxwel	1		14 MOTHER'S A							
15. WAS DECEASEDE (Yes. no. or unknown)	VER IN U. S. ARMED FOR	htviće)	SOCIAL SECURITY NO		end R. Sn	ith,	322 Ti	ashing to	n St.	, Cambr	ride	e,Md
Conditions, if gove rise to cause (a), statin lying cause las	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO Colditions and colding the under-lying cause last. (b) Auth garte cute under-lying cause last.								onset and death 1 havens 4 days.			
3 Myora	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1P. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OF CURRED. (Enler nature of injury in Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
-	URY Manth, Day, Yes	While	NJURY OCCURRED 20 Not while t of wark	Oe. PLAC facto	CE OF INJURY (He ory, street, office I	ime, farm ildg., etc.	20f. (City	or town)	(County)		(State)
21. I certify alive an ACTUAL SIGNATURE	that I attended the	deceas , 19.5		leath o	D	loon A		n the causes of treet, city or lown,	and an t	last saw he date	state	
PHYSICIAN'S NAME (Type)	W. H. H.	1 1	155	<u></u> -	CA.	11	3R.1	165	11	<u>a.</u>		
270. BURIAL, CREMAT REMOVAL ISPECI D TIAL	Dec . 1/4,9		Foxwell Far			У	-	TION (City, town	or county)		(Stote)
23. FUNERAL DIRECTO	. P. 11 D.	eou	ADDRESS Cambri	idge		PAG REC'E	BY REGIST	TRAR 24b. REG	STRAR'S SI	GNATURE	e 9	v1

BUREAU V. S.

DEC SS . OS

MARYLAND STA	TE DEPARTMI	NT OF HEALTH—BALT	IMORE, 18
13083	CERTIFICA	TE OF DEATH	Reg. Dist. No.
charter	MARYLAND	2 USUAL RESIDENCE (Where decented o. STATE	lived. If institution: Residence before admission) b. COUNTY

3

			1308	3 CERTIFICA	AIE OF I	JEAIT	1		Reg.	Dist. No		
	1. P	LACE OF DEATH			2 USUAL RESI	DENCE (Wh	ere deceased	lived. If institution	on: Resi	dence belo	ore admiss	ion)
-1			Dorchester	MARYLAND		rylan	a	b. COUNTY	Dos	rches	+	
	b		autside corporate limits, write	c. LENGTH OF STAY IN 16				rote limits, write R	URAL of	nd give ne	arest lown)
			ambridge	21 years	- Ca	mbrid	70					
	d		AL (If not in hospital, give street		d STREET	DDRESS	9 -				II. IS RES ON A YES	FARM?
ŀ			<u>ambridge Maryl</u>		20	High	والمناهات فالمالية المالية المنالية	t			163	TO A
	- 0	NAME OF DECEASED Type or print}	First W1111am	Middle	to		4. DATE OF DEATH	Mon				fear 9
ŀ	5. S	FY		Hyland RRIED NEVER MARRIED	8 DATE OF BIRT	ith		P AGE (In years	105'		R IF UNDE	
1	J. J				O DATE OF BIRT	л		lost birthday)	Month		Haurs	Min.
1		Male	MILLUE	WED DIVORCED	April 6	.1885		72 ^{yrs}	<u></u>		1	
		during most of work	ing life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	ACE (Stole	or foreign co	ountry)	12.	CITIZEN	OF WHAT	COUNTRY?
ŀ		Retired P	lumber			ltino					U.S.	
	13. [FATHER'S NAME			14 MOTHER'S	MAIDEN	IAME					
				ith		ne Hy	land_					
I	15. 1 Yes		R IN U. S. ARMED FORCES? 1.	S. SOCIAL SECURITY NO 17	NFORMANT	•		Addi	ress			
		No		21/_07_9693 Mr	s Mary T	MaMos	MIZE 00	J. Connila	 _ T		m	
F		18. CAUSE OF DEA	TH [Enter only one couse per		t /		عظ وتنابات	4 - 100011111111111111111111111111111111	bb 1	INT	ERVAL BE	
ı			TH WAS CAUSED BY:	Loue los e	Lenn	Tha	18-			ON	SET AND	DEATH
I			IMMEDIATE CAUSE (o)	e contract								
ł		4 4	DUE TO	11 7 00	0	+ /	6 ~ /	2 4,				
ł		gove rise to immediate (b) Attflicted his which										
ı	- }	couse (a), stating (Onterior.	1			•		` '		
ı	ı	lying couse last	(c)	unercosc	un	0 -						
ı	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY										
ı	CATION	PERFORMED? YES \ NO \(\operatorname{\text{NO}} \)										
	RTF											
- 1			MEDICAL EXAMINER)									
-	MEDICAL	20c. TIME OF INJURY Have a.m.		for the same of th	ACE OF INJURY I			or town)		(County)	}	(State)
1	WE	p. m.	19 While	e Nat while ork of wark	,		1					
I		21 I certify the	at I attended the decea	sed from 2-7-	10 57	to 1:	2-25	- 195	that	Liests	aw the	deceased
ı	- }		0 - 2 - 30				-					
I		alive on		37, and that death	accurred at					the do		
I	-1	ACTUAL /	16 18/K	· Mr.	2	1/7-	. /	reet, city or town,	slole)	10) 0,1	TE SIGNED
I	-	SIGNATURE	voucil so	mous	MD. LOO	1/6	angle	nos 140	- E.		int	0/1
		PHYSICIAN'S	011 4 -		0	,		00	(,		m
L		NAME (Type)	HIBERT E	1 BUNKER -	CE	mbr	RADIS	- 7/1	9764	Man	rd	
F	22o.	BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		226 6 CAT	ION (City, town, o	or co of	r)	ro12)	e)
		REMOVAL (Specify) Burial	Dec. 27 1957	Dorchester N	[emorial	Park	Cambi	ridge. Md				
	23. [EUNERAL DIRECTOR'S		ADDRESS			D BY REGIST			SIGNATU	IRE	
		Killer	cth K H		2 36-		1201-	0 0-6	1		,	2
Ŀ	Page.	Tococc	20211111	belld Cambri	age, Md.	DATE /	128/2	1 12.2	74	1100	el-	R.

BONEVÓ RE

EC 30 1821

DAISSEIN EL

within 24 hours after death.

executed

that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S'A GT C DAME.

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13	30	19	5

13084	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
10007		Reg. Dist. No

	1. PLACE OF DEATH	orcheste:	r	MARYLAND		yland b coun	tulion: Residence bef	
4	and give nearest town)	outside corporate limits, write	RUPAL	c. LENGTH OF STAY IN 16		outside corporate limits, write	e RURAL and give n	earest town)
west.		ige, Md.			/ Cambrid	dge		
		1 House		oital, give street address)	street Address 9 School	l House Lane	Э	ON A FARM? YES NO L
	3. NAME OF DECEASED (Type or print)	Raymond	t	Middle	Stanley	4. DATE Mon	Doy	Year 19 C'77
	5. SEX	7	COLOR OR RACE 7- MARRIED NEVER MARRIED X 8.			9. AGE (In years get bythiday)	IF UNDER TYEAR	IF UNDER 24 HRS
	Male	re, ro	WIDOWED		Unknown	(5 ym	Months Days	Hours Min
Š	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				11. BIRTHPLACE (S1010 Unknov		12. CITIZEN OF	WHAT COUNTRY?
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME		
	Ezekie	el Stanl	еу		Mary Sta	anley		
	15. WAS DECEASED EVE (You, no. or unknown)	R IN U. S. ARMED FOR (Il yes, give wor or dates of s			RORMANT Beatrice ()	Addres Lash 9 Scho	ool Hous	e Iane
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY, COPONARY OCCLUSION HAD ON DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.								
	PART II. OTH 200. EXTERNAL CAU FIRMARY OF CAUSE OF DEATH. 20c. TIME OF INJUR Hour of m p. m.			101 **////		120f (City or town)	(County)	(Store)
	21. I certify th	of I took charge	of the re	emains described aba	re, held an Autopsy	, Inspection	Inquiry ,	and in my
	opinion death	resulted from: N	latural c	auses 🔀 , Accident [], Suicide [], H	lomicide 🔲, Undet	ermined manne	г
	ACTUAL SIGNATURE EXAMINER'S NAME (Typy)	or. John I	2z	Jr.	_M.D. CHIEF MEDICAL EX, ASSISTANT MEDICAL DEPUTY MEDICAL E	L EXAMINER 12/	/16/57	DATE SIGNED
	220. BURIAL, CREMATION REMOVAL (SPECT)	12/16/5"	7	Waugh Cemetery Or		22d. LOCATION (City, town, Cambridge,		(Stote)
	23. FUNERAL DIRECTOR. Herbert S		Cambr	ADDRESS idge, Md.	240. REC'D DATE / a		istran's signatur	ieja.

To Deluty MINICAL ELIMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the found director. Page 4 sharyly be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FULT INTECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the page 5 board of Health, or removal, and in any event within 72 hours after the pages. VS A1500 5M 2/57

TOTAL A C

DEC 88 1324

DECENAL!

FOR STATE HEALTH DEPT.

5 TEDENTY MEICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fineral director. Page 4 should be forwarded to the Chief Medical Examinar's Office above with form PM3. Page 5 may be retained for your files.	or it gnated agent, prior to bariol, cremation, or removal, and in any event within 72 hours after
--	--

5M 2/S7

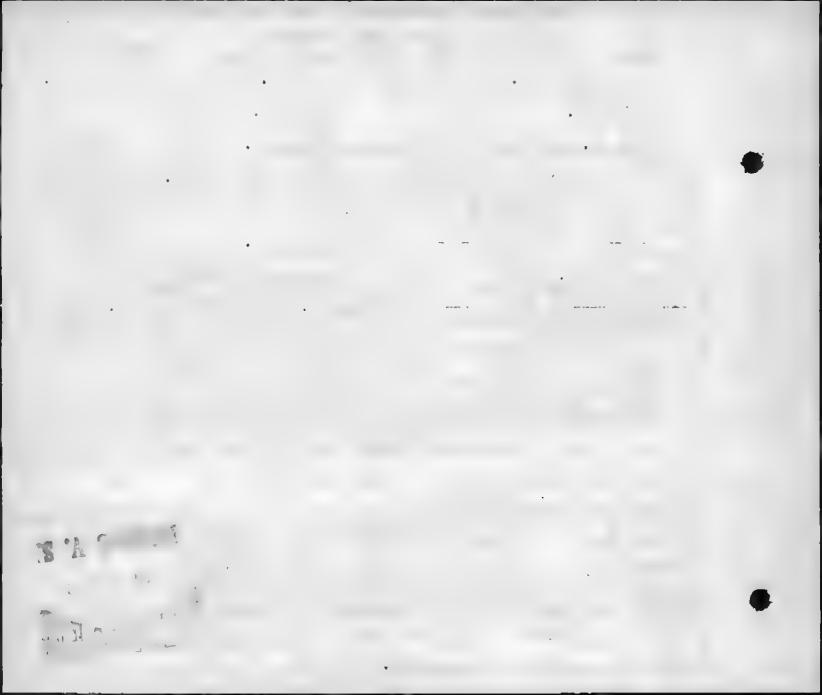
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13096

									Kedi nin	, 149.	
	PLACE OF DEATH o. COUNTY	Dorchest	ter	MARY	AND	o STATE Maryl			tion Resident		
-	b. CITY OR TOWN (II a	outside corporate l'mits »	erile RUPAL	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (IF	outside corp	orote limits, write	RURAL and g	ve neore	si lown)
	East New	Market	R.D.	70 yrs.		East New	Mark	cet R.D.			
(NAME OF HOSPITA	L OR INSTITUTION	(If not in has	ostal, give street address)	d STREET ADDRESS				e YI	IS RES DEN LE ON A FARM? ES NO
	NAME OF DECEASED (Type or print)	Josephin	ne Va	M ddle lenting	Tob	at	4. DATE OF DEATH	Month Dec.	3	Day	Year 19 57
5. 5	SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	6.	DATE OF BIRTH	1	9 AGE (In years lost birthday)	IF UNDER TO	-	JINDER 24 HRS
F	emale	White	WIDOWED	DIVORCED [וכ	2/13/65		92 yrs.	Months De	ауз Но	ours Min
10c	. USUAL OCCUPATIO	N (Give kind of wor	k done 105 K	IND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Stole	or foreign co	untry)	12. CITIZI	N OF W	HAT COUNTRY?
,	None	j ilia, avasi li razilat	"	⊢		Poland			U	.S.A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	Andrew	Skoczen	nsky		-	unkn	lown				
	WAS DECEASED EVE	R IN U. S. ARMED I	FORCES? 16 S	OCIAL SECURITY NO	17, IN	FORMANT		Address			
,	No	(17 yes, give na. or avea	- 1	None	Mr	s. John Ju	iras	East 1	New M	arke	t, Md.
	18. CAUSE OF DEAT	H Enter only one o	ouse per line f	or (o), (b), and (c).]	-			- Manager w Secretary we		INTERVAL ONSET AN	BETWEEN
	PART I, DEATH	H WAS CAUSED BY	io) (C	oronary o	ccl	usion				2	hrs.
	Cenditions, if on gove tise to immedi (o), stating the ucouse tost.	nderlying DUE T	(c)								
CATION			NOITIONS CO	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. W PI YES	AS AUTOPSY ERFORMEDAL- NO P3
CERTIF	PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	20b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter noture of injury in Port	I or Port II o	f item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.		feor 20d P While to the control	Not while	PEAC Factor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20F (City	or lawn)	(Count	7)	(Store)
				emains described ouses 🕒 , Accid		re, held an Autopsy], Suicide [], H		_	Inquiry	- I	and in my
	ACTUAL SIGNATURE	Joen	72	ace of	,	M.D. CHIEF MEDICAL EX	-			D.A	TE SIGNED
	EXAMINER'S NAME (Type)	ohr Mac	e Jr.			ASSISTANT MEDICAL E		_		12/3	11/57
	BUP LaL	1/2/5	FOF	Our Lady			Sec.	on (City, town, oretary,	Md.		(Store)
23.	Ruth Wil	s signature Loughby	E	ast New N	larl		BY REGISTR	AR 246. REGIS	TRAIT'S SIGN	ATURE	On.

BUREAU V. L

DECEIVED

	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18	7
£	13085 CERTIFIC	ATE OF DEATH Reg. Dist. No. 2016	8
Piled In	1. PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
E I	Dorchester Co. MARYLAND	Md. b. COUNTY Dorchester Co.	•
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	
C	Cambridge Md.	Crocheron Md.	
1 01	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN ON A FAR	ICE
1	Cambridge Md. Hospital	Crocheron Md. YES □ NC) (3
ł	3 NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year	
	(Type or print) William Brion 5 SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 7.	Todd DEATH Dec. 30, 19 B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24	51
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED Married Male White WIDOWED DIVORCED	TO TO TO	Min,
(* /	160 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI		LINITO
1	during most of working life, even if retired)	Cambridge Md. USA	PITTE
,	13. FAYHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William C. Todd	Annabelle Robinson	
1000		INFORMANT Address	
1	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON	William C. Todd Crocheron Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWE	
3 =	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Wenca 4 days	E.
ē	773.0 DUE TO		
	Conditions, if any, which (b)	elization 8 days	2
	cotse (a), stating the under		
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO	OPSY
.7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMEI YES NO	07
		ED. (Enter nature of injury in Part I or Part II of item 18.)	-42
	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		ACE OF INJURY (Home, farm, 20f, (City or town) (County) (Sactory, street, affice bldg., etc.)	State)
	Hour o m. While Not while of work of work	order arrive bridge great	
	21. I certify that I attended the deceased from 12 - 14	1957, to 12-30, 1952, that I last saw the dec	ease
		h occurred at 1370M, from the causes and on the date stated a	
2	ACTIVAL 7	ADDRESS (Street, city or town, stote) DATE S	
/	SIGNATURE /2/3	M.O. Canbridge	১১
	PHYSICIAN'S NAME (Type)		
, ,	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
	Burial 12/31/57 Dorchester (
0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	7
	LeCompte Funeral Service Cambridge Md.	DATE O 1308 12 Pur Mich ce Vz	
		1, 1	



FOR STATE

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUN BIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Second of Health, or removal, and in any event within 22 hours after the second of the second or its second open.

VS A15ME 5M 2/57

HEALTH DEPT

719 501

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13098

Rea, Dist, No.

	1, P	COUNTY	rchester Co)_	MARYLAN	D. STATE	ESIDENCE (M		b. COUNTY	dence before odn	(ission)
	Ь.	. CITY OR TOWN (III	outside corporate limits, write		c. LENGTH OF STAY IN 1	b c CITY O		7	limits, write RURAL or		own)
		Taylors Is	sland Md.		Life	Te	avlors	Is. Md.			
	d.	NAME OF HOSPITA	L OF INSTITUTION (f not in has	pital, give street address)		ADDRES5				RESIDENCE
		Taylors_	[s.				Taylo:	rs Is.			A FARM?
		NAME OF DECEASED	Fire	it	Middle	Lo		4 DATE OF	Month	Doy	Year
		Type or print)	James		Henry	Wallace		DEATH	Dec.	19.	19 57
	5. \$1	EX	6 COLOR OR RACE	7. MARRIE	D B NEVER MARRIED	8 DATE OF BIRT	FH	9 AG	E (In years IFUNDE		DER 24 HIRS
	M	lale	White	WIDOWE	DIVORCED [3/20/1	L877	80	Wightin	Days Hours	Min
1	10a	USUAL OCCUPATIO	N (Give kind of work in title, even if retired)	dane 10b K	IND OF BUSINESS OR IND	JSTRY 11 B RTHP	LACE (State	ar foreign country)	12. CI	TIZEN OF WHAT	COUNTEY?
)		aterman			Fishing	Tay	rlors_	Is. Md.	1	JSA	
4	13,	FATHER'S NAME	•			14 MOTHER					Ť
		Joseph E.	Wallace			-	(George Ar	n Phillips	3	
	15.	WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO 17	. INFORMANT			Address		~
A		No			3-16-1060	irs. Jame	es H. I	Wallace	Taylors	fs.	
		18. CAUSE OF DEAT	H [Enter only one cou	se per line						INTERVAL BETWO	EEN
			H WAS CAUSED BY:	10	coronary oc	clusion	1				tant
		420.1	DUE TO								
		Cenditions, if on	y, which) (b)								
		gave rise to immed (a), staling the u	iote couse								-
		couse lost.	(c)								
	ž	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	INALDISEASE CON	DITION GIVEN IN PA		
"1	Ϋ́									YES [DRMED?
		200. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of i	injury in Part	t ar Port II of iten	n 18.)		
		CAUSE OF DEATH.									
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes		6	LACE OF INJURY		20f. (City or lov	vn) (C	punly)	(State)
	MED	Hour o, m. p. m.	19	While at wa	rk at work	,,	a mogn ore	1			
		21. 1 certify th	at I took chorge	of the r	emoins described o	bove, held or	n Autopsy	y , Inspec	tion 2, Inqu	iry 🗍, or	nd in my
		apinion death	resulted from 1	Notural c	auses 📆 . Acciden	Suicio	de 🗍 . H	Homicide [].	Undetermined	monner 🗍	,
					4	-	total '	turas.			
		ACTUAL SIGNATURE	Lylen	12	200	M D CHIEF	MEDICAL EX	AMINER [DATE	SIGNED
<					n	ASSIST	ANT MEDICA	AL EXAMINER	12/20/	157	
		EXAMINER'S DI	. John M	ace a	Jr.	DEPUTY	Y MEDICAL E	EXAMINER C	22/20/	J 1	
	220.	BURIAL CREMATIO	N. 226 DATE THEREC)F	27c NAME OF CEMETERY	OR CREMATORY		22d LOCATION (C ty, fown, or county)	(Sta	te)
		REMOVAL (Specify) Burial	12/21/57		Brick Church	Cemeter	·V	Taylors	Is.	Md.	
		FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	- CONTROLS	-	D BY REGISTRAR	24b. REGISTRAR'S S		
	L	eCompte Fu	meral Serv	ice	Cambridge 1	ld.	DATE (120/57	John M	are Ja	,
									£ d		

2 W UNTING

DEC : ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13099

13104

CERTIFICATE OF DEATH

Reg. Dist. No.

			71						Keg. Dis	1. 140.			
	1 PLACE OF DEATH				18	USUAL RESIDENCE (WHO STATE	ere deceose	d lived. If instituti	on: Residenc	e before o	dmission)		
Ι		Dorcheste		MARYLANE		Maryland			Dorch				
	b. CITY OR TOWN (II RURAL and give no	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 11		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		Hurlock		2 weeks		Cambridg	е						
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d STREET ADDRESS				e. 5	S RESIDENCE		
4-		Fisher Mur	sing	Nome	1/	10 Willi	s Str	eet		YI	S NO W		
	3 NAME OF DECEASED	For	32	Middle		Lost	4. DATE	Mar	ith	Day	Year		
İ	(Type or print)	Mar	Y	Mettice		Wallace	DEATH	Dec.29	1957		19		
	5. SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED] B. D/	ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS		
1	Female	White	WIDOW			Mar.15,188		69 yrs	Monnik	Deys H	ours Min		
1	10o. USUAL OCCUPATIO	ON (Give kind of work and life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign o	(auntry)	12. CITI	ZEN OF W	HAT COUNTRY?		
l	Homemake					Madison,	Md.			U.S.			
	13. FATHER'S NAME				14	MOTHER'S MAIDEN N	IAME						
		Frank	Trav	rers		Lovenia	Thoma	S					
	15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17	INFO	RMANT		Add	ress				
)	No	No		b.	Phi	llip Wilson	.Ceme	tery Ave.	Camb	ridge	.Md.		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), and (c)	/				-	INTERV	AL BETWEEN		
	PART I DEA	PART I DEATH WAS CAUSED BY: Circle rallementhese ONSET AND DEATH											
	4	DUE TO ,											
		Conditions, if ony, which) (b) Aspertensive arterioscheroter Heart Disease											
		gove rise to immediate outer o									>		
i	lying cause lost.												
	PART II OTH	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?											
	3 Zut	Catarai	7	- Dilate	ral	, dest.	reas			YES NO			
	PART II OTH ACCIDENT WAS OR CONTINUITING IF EITHER, NOTIFY	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in I	Port I or Pa	rt II of item 18.)					
		MEDICAL EXAMINER)											
	20c. TIME OF INJUR	Y Month, Day, Yes	20d. II While	NJURY OCCURRED 20e Not white	PLACE (OF INJURY (Home, form street, office bldg , etc.	20f. (Cit	y or lawn)	(C	ounty]	(State)		
	p. m.	19	at wor										
	21. I certify th	at I attended the	deceas	ed from 12/24	-	1957 10	12/2	2 9 195	2hat I k	ast saw	the deceased		
	alive an 12	177	123	5 %, and that dec	ith oc	curred at 1:00	PM, frai		7.				
			3()					itreet, city or town,			DATE SIGNED		
	ACTUAL SIGNATURE	Redy 4	117	unully.	_ M.D.	1 rez	ton	Ind		1-	2/3//57		
	PHYSICIAN'S	2/11/	3 4	01	^		/	1	/		/		
ļ	NAME (Type)	K. H. B	1	FIMME	K	16200	1021	Mary	luid.				
	220. BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(State)		
	"BUTTELL	Dec.31,1	.957	Dorchester	Memo	rial Park	Cambi	ridge, Md					
	23. FUNERAL DIRECTOR	S SIGNATURE	P	ADDRESS		1 344 RECT	BY REGIS	TRAR 246 REGI	STRAR'S SIG	NATURE	. 0		
	Herry	etu 17.	Olut	which camb	ridg	e Ma DATE		//	.1/19	ledre	ch		

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 wild be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the regunar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

3	1	00/16
		1180

		308	G CERTI	IFICA	ATE OF DEATI	H		Reg. Dist.	. No.	116
1. PLACE OF DEATH a. COUNTY Do	rchester		MAR	YLAND	2. USUAL RESIDENCE (W	here decease	d lived. If instituti b. COUNTY	oni Residence Some		ssion)
b. CITY OR TOWN (III	c. LENGTH OF STAY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dames Quarter / 7×0								
d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	l week		d. STREET ADDRESS	Dames	Guart cet.		le. IS RE	SIDENCE
OR INSTITUTION Cambride	e Maryland	Hos	pital			none			ON.	A FARM?
3. NAME OF DECEASED (Type or print)	Thom		Banes Middle	Webs	ster Sr.	4. DATE OF DEATH	Mon 1		Day 14	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UND	
Male	W	WIDOW	ED DIVORCE	D 🔲	g1/12/1873		last birthdoy) 83 yrs.	Months D	Pays Haurs	Min.
10a, USUAL OCCUPATION during most of work	ON (Give kind of work sing life, even if retired	done 10b.	Seafood	OR INDUS	STRY 11. BIRTHPLACE [Slote Somerset	County	cauntry]		USA	T COUNTRY
B. FATHER'S NAME	702204				14. MOTHER'S MAIDEN	-	//			
W	Illiam Webs	ter			Annie	Webst	er			
15. WAS DECEASED EVE (Ym. no. or unknown)	R IN U. S. ARMED FOR Itt yes, give wor or dates of s		None). 17. H	Norris Webs		ambride antride		Md.	
PART I. DEA 33 / X Conditions, if a gave rise to it code (o), stoling lying couse lost.	the under-)	Apper Seven	ten	sion and	ten	hage	nis	INTERVAL BONSET AND	14 day
PART II. OTH		DITIONS	CONTRIBUTING TO DE	AIH BUT	NOT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PART	PERF	ORMED?
	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY C	OCCURRE	D. (Enter nature of injury in	Port I or Po	rt II of item 18.)			,
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	White	NJURY OCCURRED Not white	20e. PL/	ACE OF INJURY I Home, for ctory, street, office bldg., etc.	m, 20f. (Cit	y or lown)	(Co	ounty)	(Stote)
21. I certify the clive an	at i gittended the	12,		_	, 1957, ta accurred at 9 P	M, fro	m the causes of street, city or town,	and an the	e date stat	
220. BURIAL, CREMATIO REMOVAL (Specify) D Urial	N. 226. DATE THERES	- 1 /	22c. NAME OF CEN				TION (City, town,		(Sto	ote)
23. FUNERAL DIRECTOR		ess	ADDRESS			E C 1		STRAK'S SIGN		e h

THE CHITICAGE OF DEATH

investor of a superior state of

. be a state of the state of the

WONEAU V. A.

SANTAX SANTA CONTRACTOR

DEC IS 1924

DECENAÇÕ

John Mace Jr.

Dec.13,1957

22b. DATE THEREOF

e. IS RESIDENCE ON A FARM?

YES NO F

Year

19

Rea. Dist. Na.

Day

12. CITIZEN OF WHAT COUNTRY?

U.S.

INTERVAL BETWEEN ONSET AND DEATH

nours

PERSORMED? NO X

DATE SIGNED

(Stote)

(Stote)

YES' T

(County)

12/12/57

22d. LOCATION (City, town, or county)
Cambridge, Md. Dorchester Memorial Park 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DEPUTY MEDICAL EXAMINED

22c. NAME OF CEMETERY OR CREMATORY

AMI Cambridge, Md.

ADDRESS

A15ME(5) 5M 9/55

0



NAME (Type) 220. BURIAL, CREMATION.

23. SUBJERAL DIRECTOR'S SIGNAFURE

BUREAU V. S. DISTRICT THE PARTY OF THE PARTY

THE COUNTY OF TH

del control de la control de l

along plants, building substitution of a superior of the last that I

2961 91 030